

EXHIBIT A

CERTIFICATION OF ENROLLMENT

SUBSTITUTE SENATE BILL 6219

65th Legislature
2018 Regular Session

Passed by the Senate March 3, 2018
Yeas 27 Nays 22

President of the Senate

Passed by the House February 28, 2018
Yeas 50 Nays 48

Speaker of the House of Representatives

Approved

Governor of the State of Washington

CERTIFICATE

I, Brad Hendrickson, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SUBSTITUTE SENATE BILL 6219** as passed by Senate and the House of Representatives on the dates hereon set forth.

Secretary

FILED

**Secretary of State
State of Washington**

SUBSTITUTE SENATE BILL 6219

AS AMENDED BY THE HOUSE

Passed Legislature - 2018 Regular Session

State of Washington

65th Legislature

2018 Regular Session

By Senate Health & Long Term Care (originally sponsored by Senators Hobbs, Saldaña, Dhingra, Ranker, Carlyle, Takko, Kuderer, Hasegawa, Palumbo, Chase, Nelson, Frockt, Keiser, Wellman, Darneille, Mullet, Billig, Pedersen, Rolfes, Hunt, and Llias)

READ FIRST TIME 01/23/18.

1 AN ACT Relating to improving access to reproductive health;
2 adding new sections to chapter 48.43 RCW; and creating new sections.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 NEW SECTION. **Sec. 1.** The legislature finds and declares that:

5 (1) Washington has a long history of protecting gender equity and
6 women's reproductive health;

7 (2) Access to the full range of health benefits and preventive
8 services, as guaranteed under the laws of this state, provides all
9 Washingtonians with the opportunity to lead healthier and more
10 productive lives;

11 (3) Reproductive health care is the care necessary to support the
12 reproductive system, the capability to reproduce, and the freedom and
13 services necessary to decide if, when, and how often to do so, which
14 can include contraception, cancer and disease screenings, abortion,
15 preconception, maternity, prenatal, and postpartum care. This care is
16 an essential part of primary care for women and teens, and often
17 reproductive health issues are the primary reason they seek routine
18 medical care;

19 (4) Neither a woman's income level nor her type of insurance
20 should prevent her from having access to a full range of reproductive
21 health care, including contraception and abortion services;

1 (5) Restrictions and barriers to health coverage for reproductive
2 health care have a disproportionate impact on low-income women, women
3 of color, immigrant women, and young women, and these women are often
4 already disadvantaged in their access to the resources, information,
5 and services necessary to prevent an unintended pregnancy or to carry
6 a healthy pregnancy to term;

7 (6) This state has a history of supporting and expanding timely
8 access to comprehensive contraceptive access to prevent unintended
9 pregnancy;

10 (7) Existing state and federal law should be enhanced to ensure
11 greater contraceptive coverage and timely access for all individuals
12 covered by health plans in Washington to all methods of contraception
13 approved by the federal food and drug administration;

14 (8) Nearly half of pregnancies in both the United States and
15 Washington are unintended. Unintended pregnancy is associated with
16 negative outcomes, such as delayed prenatal care, maternal
17 depression, increased risk of physical violence during pregnancy, low
18 birth weight, decreased mental and physical health during childhood,
19 and lower education attainment for the child;

20 (9) Access to contraception has been directly connected to the
21 economic success of women and the ability of women to participate in
22 society equally;

23 (10) Cost-sharing requirements and other barriers can
24 dramatically reduce the use of preventive health care measures,
25 particularly for women in lower income households, and eliminating
26 cost sharing and other barriers for contraceptives leads to sizable
27 increases in the use of preventive health care measures;

28 (11) It is vital that the full range of contraceptives are
29 available to women because contraindications may restrict the use of
30 certain types of contraceptives and because women need access to the
31 contraceptive method most effective for their health;

32 (12) Medical management techniques such as denials, step therapy,
33 or prior authorization in public and private health care coverage can
34 impede access to the most effective contraceptive methods;

35 (13) Many insurance companies do not typically cover male methods
36 of contraception, or they require high cost sharing despite the
37 critical role men play in the prevention of unintended pregnancy; and

38 (14) Restrictions on abortion coverage interfere with a woman's
39 personal, private pregnancy decision making, with his or her health

1 and well-being, and with his or her constitutionally protected right
2 to safe and legal medical abortion care.

3 NEW SECTION. **Sec. 2.** A new section is added to chapter 48.43
4 RCW to read as follows:

5 (1) A health plan issued or renewed on or after January 1, 2019,
6 shall provide coverage for:

7 (a) All contraceptive drugs, devices, and other products,
8 approved by the federal food and drug administration, including
9 over-the-counter contraceptive drugs, devices, and products, approved
10 by the federal food and drug administration;

11 (b) Voluntary sterilization procedures;

12 (c) The consultations, examinations, procedures, and medical
13 services that are necessary to prescribe, dispense, insert, deliver,
14 distribute, administer, or remove the drugs, devices, and other
15 products or services in (a) and (b) of this subsection.

16 (2) The coverage required by subsection (1) of this section:

17 (a) May not require copayments, deductibles, or other forms of
18 cost sharing, unless the health plan is offered as a qualifying
19 health plan for a health savings account. For such a qualifying
20 health plan, the carrier must establish the plan's cost sharing for
21 the coverage required by subsection (1) of this section at the
22 minimum level necessary to preserve the enrollee's ability to claim
23 tax exempt contributions and withdrawals from his or her health
24 savings account under internal revenue service laws and regulations;
25 and

26 (b) May not require a prescription to trigger coverage of
27 over-the-counter contraceptive drugs, devices, and products, approved
28 by the federal food and drug administration.

29 (3) A health carrier may not deny the coverage required in
30 subsection (1) of this section because an enrollee changed his or her
31 contraceptive method within a twelve-month period.

32 (4) Except as otherwise authorized under this section, a health
33 benefit plan may not impose any restrictions or delays on the
34 coverage required under this section, such as medical management
35 techniques that limit enrollee choice in accessing the full range of
36 contraceptive drugs, devices, or other products, approved by the
37 federal food and drug administration.

38 (5) Benefits provided under this section must be extended to all
39 enrollees, enrolled spouses, and enrolled dependents.

(6) This section may not be construed to allow for denial of care on the basis of race, color, national origin, sex, sexual orientation, gender expression or identity, marital status, age, citizenship, immigration status, or disability.

NEW SECTION. **Sec. 3.** A new section is added to chapter 48.43 RCW to read as follows:

(1) Except as provided in subsection (5) of this section, if a health plan issued or renewed on or after January 1, 2019, provides coverage for maternity care or services, the health plan must also provide a covered person with substantially equivalent coverage to permit the abortion of a pregnancy.

(2)(a) Except as provided in (b) of this subsection, a health plan subject to subsection (1) of this section may not limit in any way a person's access to services related to the abortion of a pregnancy.

(b)(i) Coverage for the abortion of a pregnancy may be subject to terms and conditions generally applicable to the health plan's coverage of maternity care or services, including applicable cost sharing.

(ii) A health plan is not required to cover abortions that would be unlawful under RCW 9.02.120.

(3) Nothing in this section may be interpreted to limit in any way an individual's constitutionally or statutorily protected right to voluntarily terminate a pregnancy.

(4) This section does not, pursuant to 42 U.S.C. Sec. 18054(a)(6), apply to a multistate plan that does not provide coverage for the abortion of a pregnancy.

(5) If the application of this section to a health plan results in noncompliance with federal requirements that are a prescribed condition to the allocation of federal funds to the state, this section is inapplicable to the plan to the minimum extent necessary for the state to be in compliance. The inapplicability of this section to a specific health plan under this subsection does not affect the operation of this section in other circumstances.

NEW SECTION. **Sec. 4.** The governor's interagency coordinating council on health disparities shall conduct a literature review on disparities in access to reproductive health care based on socioeconomic status, race, sexual orientation, gender identity,

1 ethnicity, geography, and other factors. By January 1, 2019, the
2 council shall report the results of the literature review and make
3 recommendations on reducing or removing disparities in access to
4 reproductive health care to the governor and the relevant standing
5 committees of the legislature.

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